

Please return this form ASAP.



PARTICIPANT INFORMATION FORM

LOCATION: IRVING RECREATION CENTER

(Please fill out one form for each child.)

CHILD'S FIRST AND LAST NAME: _____

☐ Male ☐ Female Age: _____ Grade (09-10): _____ Date of Birth _____

What are your expectations for your child while attending the Parks and Recreation program?

What activities does your child enjoy? _____

Can your child swim? On a continuum of 1 to 5 (with 1 being not at all and 5 being excellent) please rate your child's swimming ability: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Does your child need a lifejacket? ☐ YES ☐ NO

My child is an English Language Learner ☐ YES ☐ NO Native Language _____

Does your child have allergies? Food allergies? Medication allergies? ☐ NO ☐ YES

If yes please explain:

Does your child have medical conditions such as asthma, diabetes, etc? ☐ NO ☐ YES

If yes please explain:

Will your child need to take medications while at a Parks and Recreation program?

☐ NO ☐ YES

If yes please give a brief explanation. _____

(A medication consent form will be sent to you if you answer yes.)

My child receives special education services during school hours. ☐ NO ☐ YES

Has your child ever been treated for:

☐ YES ☐ NO Attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?

☐ YES ☐ NO Emotional or behavioral difficulties _____

☐ YES ☐ NO Been seen by a professional to address mental/emotional health concerns? _____

☐ YES ☐ NO Had a significant life event that continues to affect the participant?

(History of abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster, others.)

**As the parent/guardian, I will work as a partner with staff
to ensure my child is successful in the program.**

SIGNATURE PARENT/GUARDIAN

DATE

Please turn over for more required information.



FAMILY INFORMATION FORM

(Please fill out one form for each child.)

CHILD'S FIRST AND LAST NAME: _____

CUSTODIAL & LEGAL GUARDIAN IS: ☐ Both Mother & Father ☐ Mother ☐ Father
☐ Other _____

MOTHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

E-MAIL ADDRESS _____

FATHER/LEGAL GUARDIAN INFORMATION:

FIRST & LAST NAME: _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

**NON-PARENT EMERGENCY CONTACTS IN CASE OF EMERGENCY AND
PARENT/GUARDIAN CANNOT BE REACHED:**

NAME: _____ **NAME:** _____

RELATIONSHIP TO CHILD: _____ RELATIONSHIP TO CHILD: _____

HOME/CELL PHONE: _____ HOME/CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

PHYSICIAN INFORMATION:

NAME: _____

PHONE: _____

AUTHORIZED ESCORTS OTHER THAN PARENT/GUARDIAN OR EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____